

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2004 8:00 am
Secretary of State

05-26-2004 90002 021 ***150.00

DOCUMENT # P92000009324

1. Entity Name
S & S RECOVERY SERVICES, INC.



Principal Place of Business
**10001 FOXRUN RD
PENSACOLA, FL 32514**

Mailing Address
**10001 FOXRUN RD
PENSACOLA, FL 32514**

54055630



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03122003

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3152677

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLARK, C.B.
10001 FOX RUN RD
PENSACOLA, FL 32514**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CLARK, CARROLL B**
STREET ADDRESS **10001 FOX RUE RD.**
CITY-ST-ZIP **PENSACOLA, FL 32514**

TITLE **V** ☐ Delete
NAME **CLARK, STEVE**
STREET ADDRESS **109 AIRPORT BLVD**
CITY-ST-ZIP **PENSACOLA, FL 32504**

TITLE **ST** ☒ Delete
NAME **CLARK, SCOTT**
STREET ADDRESS **1971 MERLIN RD**
CITY-ST-ZIP **PENSACOLA, FL 32506**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **CARROLL B. CLARK**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/22/04 850 4842691

Attachment
Dr. # P92000009324
54055630

Please accept this
check as our filing
fee for 2004-2005.

Send me the proper
paperwork and I'll
fill it out. we do
not have the capability
of going "on line" —
Thank you

Carroll Clark